

## Indiana Medicare Advantage and Cost Prescription Drug Plans

\*The beneficiary drug premium covers prescription drugs only. Medicare Advantage plans also cover Medicare medical and hospital benefits, and supplemental benefits. Plan premiums vary for these benefits. Beneficiaries generally are responsible for the Part B premium.

Includes contracts/plans approved as of September 25, 2005. The data does not reflect information for Plans offering Part B only services, some demonstrations, PACE organizations, employer sponsored plans, or plans that were not approved by the "As of" date of the chart.

Organization Name	Plan Name	Percent Beneficiaries with Access to Plan in State	Beneficiary Drug Premium *	Type of Medicare Advantage Plan				Cost Plans	Drug Deductible			Includes Tiered Copayments for Drugs	Type of Additional Coverage Offered in Coverage Gap		Mail Order Offered	Number of Top 100 Drugs on Formulary
				HMO	Local PPO	Regional PPO	Private Fee-for-Service		Zero	Reduced	Standard (\$250)		Generics Only	Generics and Brands		
Advantage Health Solutions, Inc.	ADVANTAGE Preferred Plus - Part D	30%	\$43.72		•						•	•			•	95
Anthem Blue Cross and Blue Shield	Regional PPO Indiana/Kentucky 1	100%	\$0.00			•			•			•	•		•	88
	Regional PPO Indiana/Kentucky 2	100%	\$0.00			•			•			•	•		•	88
Anthem Medicare Preferred	Anthem Medicare Preferred - Premier	34%	\$0.00		•				•			•	•		•	88
	Anthem Medicare Preferred - Standard	34%	\$0.00		•				•			•	•		•	88
Anthem Senior Advantage	Anthem Senior Advantage - Basic	4%	\$0.00	•					•			•			•	88
	Anthem Senior Advantage - Enhanced	4%	\$0.00	•					•			•			•	88
Humana Insurance Company	Humana Gold Choice PFFS H1804-067	35%	\$0.00				•		•			•			•	97
	HumanaChoicePPO PPO H1806-001	3%	\$9.38		•				•			•	•		•	97
	HumanaChoicePPO PPO R5826-036	100%	\$17.56			•					•	•			•	97
	Humana Gold Choice PFFS H1804-068	32%	\$25.66				•		•			•			•	97
	Humana Gold Choice PFFS H1804-070	33%	\$25.66				•		•			•			•	97
	HumanaChoicePPO PPO R5826-008	100%	\$27.28			•			•			•			•	97
	HumanaChoicePPO PPO H1510-001	17%	\$33.64		•				•			•	•		•	97
United Healthcare Insurance Company	UnitedHealthcare MedicareComp Essential Rx	8%	\$0.00				•		•			•			•	96
	UnitedHealthcare Medicare Comp Choice Rx	12%	\$0.00		•				•			•			•	96
	UnitedHealthcareMedicareCompChoicePlus Rx	12%	\$18.42		•				•			•			•	96